

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

FILED
JOHN F. WARREN
COUNTY CLERK
2026 JUL 13 PM 1:51

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Judge Sally L.
Montgomery

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13901 Midway Rd Ste 102 Box 315
Dallas, TX 75244

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 577-1900

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr Andrew M
"Andy" Trusevich

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

6000 Columbus Avenue No. 2411
Plano, TX 75024

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 849-4063

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2026 THROUGH 06 / 30 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 2026

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Court-At-Law #3 Dallas County Court-At-Law #3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

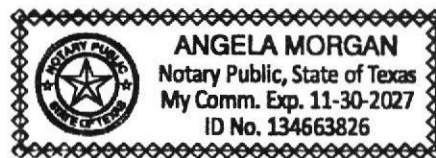
15 C/OH NAME <u>Sally L. Montgomery</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1575.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,163.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76,495.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sally L. Montgomery
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sally L. Montgomery this the 11th day of July, 2026, to certify which, witness my hand and seal of office.
Angela Morgan Angela Morgan Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Sally L Montgomery

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,883.79 ²⁶
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3778.26
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/26	5 Payee name Dallas Bar Association	
6 Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description membership fees 2026	
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/26/26	Payee name American Express	
Amount (\$) \$618.22	Payee address; City; State; Zip Code P.O. Box 6031 Caral Stream, AL. 60197-6031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	
	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/29/26	Payee name Dallas Democratic Forum	
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 634 Dallas, TX 75221	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	
	Description sustaining membership 2026 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Sally L Montgomery	3 Filer ID (Ethics Commission Filers)
4 Date 4/11/26	5 Payee name Democracy Toolbox	
6 Amount (\$) \$1000.00	7 Payee address: c/o Jeff Dalton P.O. Box 6250 McKinney, TX 75071	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/26	Payee name American Express	
Amount (\$) \$437.28	Payee address: P.O. Box 6031 Carol Stream, IL 60197-6031	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/11/26	Payee name Democracy Toolbox	
Amount (\$) \$10,000	Payee address: c/o Jeff Dalton P.O. Box 6250 McKinney, TX 75071	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 384		2 FILER NAME Sally L Montgomery		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/26		5 Payee name American Express			
6 Amount (\$) \$1,144.18		7 Payee address; P.O. Box 6031 Carol Stream, Ill 75071		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card payment		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/2/26		Payee name American Express			
Amount (\$) \$854.32		Payee address; P.O. Box 6031 Carol Stream, Ill 75071		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/30/26		Payee name American Express			
Amount (\$) 724.26		Payee address; P.O. Box 6031 Carol Stream, Ill 75071		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4		2 FILER NAME Sally L Montgomery		3 Filer ID (Ethics Commission Filers)	
4 Date 6/11/26		5 Payee name Levi Santillana			
6 Amount (\$) \$200		7 Payee address; 5004 Mc Douglas St Greenville, TX		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) security		(b) Description electrical - outdoor lighting		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/26/26		Payee name Bella Remodeling Inc.			
Amount (\$) \$2875		Payee address; P.O. Box 670365 Dallas, TX 75367		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) security		Description high security mailbox construction		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/26/26		Payee name Bella Remodeling, Inc			
Amount (\$) \$3500		Payee address; P.O. Box 670365 Dallas, TX 75367		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) security		Description electrical labor - outdoor lighting		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1176	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 293.16

5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 184.74	(b) Date Expenditure Charged 12/23/25	(c) Date(s) Credit Card Issuer Paid 1/26/26
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7 PAYEE	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, IL 60197-5014 ☐ Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Communication - internet
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3	Office Held CCL#3
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PAYMENT	(a) Amount Charged \$ 140.32	(b) Date Expenditure Charged 1/10/26	(c) Date(s) Credit Card Issuer Paid 1/26/26
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PAYEE	(a) Payee name AT&T Mobility	(b) Payee address; City, State, Zip Code P.O. Box 6416 Carol Stream, IL 60197 ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Cellular Communication
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3	Office Held CCL#3
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PAYMENT	(a) Amount Charged \$ 187.47	(b) Date Expenditure Charged 1/23/26	(c) Date(s) Credit Card Issuer Paid 3/2/26
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PAYEE	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, IL 60197-5014 ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description communication - internet
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 276	2 FILER NAME Sally L Montgomery	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 54.35
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 140.27	(b) Date Expenditure Charged 2/10/26 (c) Date(s) Credit Card Issuer Paid 3/2/26
7 PAYEE	(a) Payee name AT&T	(b) Payee address; City, State, Zip Code PO Box 6416 Crystal Stream, AL 60197 ☐ Check if individual's residence address.
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description cellular communication (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3 Office Held CCL#3
PAYMENT	(a) Amount Charged \$ 196.48	(b) Date Expenditure Charged 3/4/26 (c) Date(s) Credit Card Issuer Paid 4/3/26
PAYEE	(a) Payee name Dallas Morning News	(b) Payee address; City, State, Zip Code P.O. Box 224866 Dallas, TX 75222-4866 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Education	(b) Description (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3 Office Held CCL#3
PAYMENT	(a) Amount Charged \$ 55.19	(b) Date Expenditure Charged 2/8/26 (c) Date(s) Credit Card Issuer Paid 3/2/26
PAYEE	(a) Payee name Staples	(b) Payee address; City, State, Zip Code 11700 Preston Rd Ste 820, Dallas, TX 75230 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description paper (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 386	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$198.87
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 187.47	(b) Date Expenditure Charged 2/23/26	(c) Date(s) Credit Card Issuer Paid 4/3/26
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7 PAYEE	(a) Payee name AT&T Uverse	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, IL 60197-5014
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8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description communication - internet
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3	Office Held CCL#3
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PAYMENT	(a) Amount Charged \$ 250.00	(b) Date Expenditure Charged 2/11/26	(c) Date(s) Credit Card Issuer Paid 4/3/26
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PAYEE	(a) Payee name Party Dallas County Democratic	(b) Payee address; City, State, Zip Code 1414 N Washington Ave Dallas TX 75204
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PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description sponsorship
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally L. Montgomery	Office Sought CCL#3	Office Held CCL#3
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PAYMENT	(a) Amount Charged \$ 140.25	(b) Date Expenditure Charged 4/10/26	(c) Date(s) Credit Card Issuer Paid 5/2/26
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PAYEE	(a) Payee name AT&T	(b) Payee address; City, State, Zip Code P.O. Box 6416 Carol Stream, IL 60197
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PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description cellular communication
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3	Office Held CCL#3
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 476	2 FILER NAME Sally L. Montgomery	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 138.69
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5 CREDIT CARD ISSUER	Name of financial institution American Express
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6 PAYMENT	(a) Amount Charged \$ 2.37	(b) Date Expenditure Charged 4/17/26	(c) Date(s) Credit Card Issuer Paid 5/30/26
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7 PAYEE	(a) Payee name Staples	(b) Payee address; City, State, Zip Code 11700 Preston Rd Ste 820 Dallas, TX 75230
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description folder
☒ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name U.	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
☒ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery	Office Sought CCL#3	Office Held CCL#3
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PAYMENT	(a) Amount Charged \$ 187.47	(b) Date Expenditure Charged 3/24/26	(c) Date(s) Credit Card Issuer Paid 5/2/26
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PAYEE	(a) Payee name AT&T Universe	(b) Payee address; City, State, Zip Code P.O. Box 5014 Carol Stream, IL 60197-5014
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description communication-internet
☐ Political ☐ Non-Political	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 584	2 FILER NAME Sally L Montgomery	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 389.39
5 CREDIT CARD ISSUER	Name of financial institution American Express	
6 PAYMENT	(a) Amount Charged \$ 171.10	(b) Date Expenditure Charged 4/22/26 (c) Date(s) Credit Card Issuer Paid 4/3/26
7 PAYEE	(a) Payee name Staples	(b) Payee address; City, State, Zip Code 11700 Preston Rd Ste 820 Dallas, Tx 75230 ☐ Check if individual's residence address.
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Shredder (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery Office Sought CCL#3 Office Held CCL#3	
PAYMENT	(a) Amount Charged \$ 140.26	(b) Date Expenditure Charged 3/10/26 (c) Date(s) Credit Card Issuer Paid 4/3/26
PAYEE	(a) Payee name AT&T	(b) Payee address; City, State, Zip Code PO Box 6416 Coral Stream, IL 60197 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Cellular communication (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sally Montgomery Office Sought CCL#3 Office Held CCL#3	
PAYMENT	(a) Amount Charged \$ 27.91	(b) Date Expenditure Charged 3/31/26 (c) Date(s) Credit Card Issuer Paid 5/2/26
PAYEE	(a) Payee name Staples	(b) Payee address; City, State, Zip Code 11700 Preston Rd Ste 820 Dallas, Tx 75230 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description calendar (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <i>686</i>		2 FILER NAME <i>Sally L. Montgomery</i>		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 CREDIT CARD ISSUER		Name of financial institution <i>American Express</i>			
6 PAYMENT		(a) Amount Charged \$ <i>187.20</i>	(b) Date Expenditure Charged <i>4/24/26</i>	(c) Date(s) Credit Card Issuer Paid <i>5/30/26</i>	
7 PAYEE		(a) Payee name <i>AT&T Universe</i>		(b) Payee address; City, State, Zip Code <i>P.O. Box 5014 Carol Stream, IL 60197-5014</i> ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>		(b) Description <i>internet</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sally L. Montgomery</i>		Office Sought <i>CLL#3</i>	Office Held <i>CLL#3</i>
PAYMENT		(a) Amount Charged \$ <i>360.00</i>	(b) Date Expenditure Charged <i>4/7/26</i>	(c) Date(s) Credit Card Issuer Paid <i>5/2/26</i>	
PAYEE		(a) Payee name <i>UPS Store</i>		(b) Payee address; City, State, Zip Code <i>Amazon 13901 Midway Rd STE 102 Dallas, TX 75244</i> ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) <i>Security</i>		(b) Description <i>High Security Locking Mailbox -</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Sally Montgomery</i>		Office Sought <i>CLL#3</i>	Office Held <i>CLL#3</i>
PAYMENT		(a) Amount Charged \$ <i>145.30</i>	(b) Date Expenditure Charged <i>5/10/26</i>	(c) Date(s) Credit Card Issuer Paid <i>5/30/26 Carol Stream, IL 60197</i>	
PAYEE		(a) Payee name <i>AT&T</i>		(b) Payee address; City, State, Zip Code <i>PO Box 6416</i> ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>		(b) Description <i>cellular communication</i>	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought	Office Held

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